For the year Jan	1-Dec	c. 31, 20XX, or other tax year beginning			, 20XX, end		OMB No. 1		, 20				aple in this space
Your first name and middle initial											See separate instructions. Your social security number		
James King											XXX XX XXX		
If joint return, spouse's first name and middle initial Last na				8						Spouse's social security number			
			-										
Home address	numbe	er and street). If you have a P.O. box, see	instruc	tions.					Apt. no.	P	reside	ntial Electio	on Campaign
681 West	1st S	Street								c	heck h	nere if you,	or your
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code									•••	tly, want \$3 Checking a			
Center Town				US 10				10	021		-	ow will not	-
Foreign country name				Foreign province/state/county Foreign postal code					ode yo	our tax	or refund.		
		7								-		X You	Spouse
Filing Status		Single Head of household (HOH))				
Check only		Married filing jointly (even if only o	ne hac	i income)						(0)			
one box.	Dine box. U Married filing separately (MFS)									ld'o nomo	if the		
	-	you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the alifying person is a child but not your dependent:											
	•			1.000									
Digital		ny time during 20XX, did you: (a) rec exchange, or otherwise dispose of a								; or (b)			
Assets		uctions.) Someone can claim:	-				-					Yes	No
Standard Deduction	_	ructions.) Someone can claim: X You as a dependent Your spouse as a dependent											
	_			_			-				050		
	-	Were born before January 2, 1	959	Are bl	· · ·	ouse			fore Janua			ls bli	
-		see instructions): (2) Social security (3) Relationship (4) Check the box (1) First name Last name number to you Child tax cre								· ·	•	ner dependents	
lf more than four						-						<u>اتا المارات</u>	
dependents,	-					-							i
see instructions and check						-							
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	tions)	- 10	(M) (19) (5) (5)			0 (SS)	1 a		
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	(s) W-2.		35 .N K S	× 3		36 98	1b		
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								96 (E.	10	1	
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)	× a		01 (10)	1d	6	
1099-R if tax	e	Taxable dependent care benefits f				25	880 62 60 98	÷ 3	N 25 13	6 8	1e	-	
was withheld. If you did not	f	Employer-provided adoption bene		m Form 8	839, line 29	8		•		6 116	1f	-	
get a Form	g h	Wages from Form 8919, line 6 Other earned income (see instruct	ione)	開き たい	* * * *			8.7		신신	1g 1h		
W-2, see instructions.	ï	Nontaxable combat pay election (•	structions)	8 6 8 8	5 - 64 		i	2 8 8	8 8			
	z	Add lines 1a through 1h									1z		
Attach Sch. B	2a		2a			b Ta	axable interes	t .	• • • •	81 81 83 6 1	2b		
if required.	3a	Qualified dividends	3a			b 0	ordinary divide	nds		а на	3b		
	4a	IRA distributions	4a			b Ta	axable amoun	nt.	• • • • •	8 6	4b	Ĵ	
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	nt. 🤋	a ara	8 B	5b		
 Single or Married filing 	6a		6a				axable amoun	nt. ș	2 8 9	8 R	6b	-	
separately,	С	If you elect to use the lump-sum election method, check here (see instructions) \ldots \ldots								-			
\$13,850 Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here									7	-	1 211
jointly or Qualifying	8	Additional income from Schedule						× 3		36 SI	8		1,211
surviving spouse, \$27,700	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9 8	9	-	1,211	
Head of	10 11	Adjustments to income from Schedule 1, line 26								D: 32	10	-	86
household, [\$20,800	<u>11</u> 12		•		-				• • •••		11	-	1,125
 If you checked any box under 	12 Standard deduction or itemized deductions (from Schedule A) 13 Qualified business income deduction from Form 8995 or Form 8995-A						26 - 23 20 - 2722	13		-1,525			
Standard Deduction,	14					033		0.0		0 10 8) 8)	14		1,525
see instructions.	15	Subtract line 14 from line 11. If zer				our t	axable incom	ne		14 원 31 월	15		$\frac{1,323}{0}$
For Disclosure		v Act. and Paperwork Reduction Act N							No. 11320B				1040 (20XX)

Form 1040 (20XX	()								Page 2		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 🗌 4972	3 🗌	900 R	16	0		
Credits	17	Amount from Schedule 2, lin	e3				100 E	17			
	18	Add lines 16 and 17 .						18			
	19	Child tax credit or credit for o	other dependent	ts from Sched	ule 8812 , ,		200 000	19			
	20	Amount from Schedule 3, lin	e8		• 24 24/ 342 •S		800 10	20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18.	. If zero or less, o	enter -0- 🔒	• == == == == = =		345 (45	22			
	23	Other taxes, including self-er	mployment tax,	from Schedule	2, line 21		846 T K3	23	171		
	24	Add lines 22 and 23. This is	your total tax	* * * * *			1.765 K	24	171		
Payments	25	Federal income tax withheld				10 07					
2	а	Form(s) W-2				25a					
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)		• * */ ** *	25c]			
	d	Add lines 25a through 25c			e a ao ao e a		- 140 - 141	25d			
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20	22 return . 🕠		545 (46	26			
qualifying child,	27	Earned income credit (EIC)	e a a aras		n na na na a	27					
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812		n ar an an an	28					
	29	American opportunity credit	from Form 8863	8, line 8 .	6 9 9 7 F	29					
	30	Reserved for future use									
	31	Amount from Schedule 3, lin									
	32	Add lines 27, 28, 29, and 31.	32								
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments	at 200 MR 6. 4		1388 B.	33	0		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid									
	35a	Amount of line 34 you want	35a								
Direct deposit?	b	Routing number									
See instructions.	d	Account number									
	36	Amount of line 34 you want a									
Amount	37	Subtract line 33 from line 24		171							
You Owe	~~	For details on how to pay, go	37	171							
	38	Estimated tax penalty (see in				38			-		
Third Party Designee		you want to allow another tructions	elow.	No							
Designee		signee's	N N N HAN HAN	Phone	n <u>st och 652 52</u> 5	· · · · ·	onal identif				
	nar			no.			per (PIN)	loution			
Sign		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and									
Here	Del	elief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which							, ,		
	Yo	Your signature		Date Your occupation					nt you an Identity IN, enter it here		
Joint return? See instructions.								inst.)			
	Spo	ouse's signature. If a joint return, b	Date Spouse's occupation				IRS ser	nt your spouse an			
Keep a copy for your records.								ection PIN, enter it here			
your records.											
5		one no.	Email address				DTIL				
Paid	Pre	parer's name	Preparer's signat	ure		Date	PTIN		Check if:		
Preparer	0								Self-employed		
Use Only		n's name									
		n's address	s EIN	- 1040							
GO TO WWW.Irs.go	v/rom	1040 for instructions and the lates	st information.						Form 1040 (20XX)		